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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/17/2023 12:57 PM PG: 1 OF 6

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)   |
| B. E-MAIL CONTACT AT FILER (optional)  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>MEGAN TOWN<br/>CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS<br/>1 NORTH LASALLE STREET<br/>FLOOR 37<br/>CHICAGO, ILLINOIS 60602</b> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|   |                          |                     |                               |            |
|---|--------------------------|---------------------|-------------------------------|------------|
| 1a. ORGANIZATION'S NAME<br><b>GLENWOOD HEALTHCARE &amp; REHAB, INC.</b> |                          |                     |                               |            |
| OR  | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX     |
| 1c. MAILING ADDRESS   | CITY                     | STATE               | POSTAL CODE                   | COUNTRY    |
| <b>19330 SOUTH COTTAGE GROVE AVE.</b>                                   | <b>GLENWOOD</b>          | <b>IL</b>           | <b>60425</b>                  | <b>USA</b> |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |                     |                               |         |
|-------------------------|--------------------------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME |                          |                     |                               |         |
| OR                      | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 2c. MAILING ADDRESS     | CITY                     | STATE               | POSTAL CODE                   | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|   |                          |                     |                               |            |
|---|--------------------------|---------------------|-------------------------------|------------|
| 3a. ORGANIZATION'S NAME<br><b>CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS</b> |                          |                     |                               |            |
| OR  | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX     |
| 3c. MAILING ADDRESS   | CITY                     | STATE               | POSTAL CODE                   | COUNTRY    |
| <b>1 NORTH LASALLE STREET FLOOR 37</b>                                      | <b>CHICAGO</b>           | <b>IL</b>           | <b>60602</b>                  | <b>USA</b> |

4. COLLATERAL: This financing statement covers the following collateral:  
**SEE EXHIBIT B ATTACHED HERETO AND MADE A PART HEREOF FOR A DESCRIPTION OF COLLATERAL.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:  
**RECORD IN COOK COUNTY, ILLINOIS**

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

|    |  |        |
|----|--|--------|
|    | 9a. ORGANIZATION'S NAME<br>GLENWOOD HEALTHCARE & REHAB, INC. |        |
| OR | 9b. INDIVIDUAL'S SURNAME                                     |        |
|    | FIRST PERSONAL NAME  |        |
|    | ADDITIONAL NAME(S)/INITIAL(S)                                | SUFFIX |

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

|                      |  |       |             |         |
|----------------------|--|-------|-------------|---------|
|                      | 10a. ORGANIZATION'S NAME                   |       |             |         |
| OR                   | 10b. INDIVIDUAL'S SURNAME                  |       |             |         |
|                      | INDIVIDUAL'S FIRST PERSONAL NAME           |       |             |         |
|                      | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |       |             | SUFFIX  |
| 10c. MAILING ADDRESS | CITY                                       | STATE | POSTAL CODE | COUNTRY |

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|   |   |             |                               |                |
|---|---|-------------|-------------------------------|----------------|
|   | 11a. ORGANIZATION'S NAME<br>SECRETARY OF HOUSING AND URBAN DEVELOPMENT, ORC |             |                               |                |
| OR  | 11b. INDIVIDUAL'S SURNAME   |             | FIRST PERSONAL NAME           | SUFFIX         |
|   |   |             | ADDITIONAL NAME(S)/INITIAL(S) |                |
| 11c. MAILING ADDRESS<br>451 SEVENTH STREET SW | CITY<br>WASHINGTON  | STATE<br>DC | POSTAL CODE<br>20410          | COUNTRY<br>USA |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

GLENWOOD TERRACE, L.L.C.  
3856 OAKTON STREET, SUITE 200  
SKOKIE, ILLINOIS 60076

16. Description of real estate:

SEE EXHIBIT A ATTACHED HERETO AND MADE AP ART  
HEREOF FOR A DESCRIPTION OF REAL PROPERTY.

"GLENWOOD HEALTHCARE AND REHAB"  
FHA PROJECT NO. 071-22392

17. MISCELLANEOUS:

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## EXHIBIT A

[LEGAL DESCRIPTION OF THE LAND]

\*\*\*THAT PART OF THE NORTHEAST QUARTER OF SECTION 10, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, BOUNDED AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE POINT OF INTERSECTION OF THE EAST LINE OF SAID NORTHEAST QUARTER WITH THE SOUTH LINE OF THE NORTH 908.00 FEET THEREOF; THENCE SOUTH 89 DEGREES 56 MINUTES 16 SECONDS WEST ON THE LAST DESCRIBED LINE, A DISTANCE OF 330.00 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, ON A LINE PARALLEL WITH THE EAST LINE OF SAID NORTHEAST QUARTER, A DISTANCE OF 413.49 FEET TO A POINT; THENCE SOUTH 68 DEGREES 59 MINUTES 45 SECONDS EAST ON A LINE PARALLEL WITH THE CENTER LINE OF GLENWOOD-DYER ROAD, (AS HERETOFORE DEDICATED BY DOCUMENT NUMBER 10123545), A DISTANCE OF 353.53 FEET TO A POINT ON THE EAST LINE OF THE NORTHEAST QUARTER OF SAID SECTION 10; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS WEST ON THE LAST DESCRIBED LINE, A DISTANCE OF 540.55 FEET TO THE POINT OF BEGINNING, (EXCEPT THE EAST 50.00 FEET FALLING IN COTTAGE GROVE AVENUE), ALL IN COOK COUNTY, ILLINOIS.\*\*\*

PERMANENT REAL ESTATE INDEX NO. 32-10-201-009-0000, vol. 011

PROJECT ADDRESS: 19330 South Cottage Grove Avenue, Glenwood, Illinois 60425

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## EXHIBIT B TO OPERATOR SECURITY AGREEMENT AND FINANCING STATEMENTS

### DESCRIPTION OF OPERATOR COLLATERAL

This Exhibit B is attached to, incorporated by reference in, and forms a part of certain documents (collectively, the "**Security Documents**"), executed and delivered in connection with the financing of the Project (as hereinafter defined), including an Operator Security Agreement and Financing Statements made by and between **GLENWOOD HEALTHCARE & REHAB, INC.**, an Illinois corporation (the "**Operator**"), and **CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS**, an Illinois corporation (the "**Lender**"):

All of the following described property and interests in property, whether now in existence or hereafter arising, and relating to, situated or located on or used or usable in connection with the maintenance and/or operation of a certain **skilled nursing facility** commonly known as "**Glenwood Healthcare and Rehab**", FHA Project No. **071-22392** (the "**Project**"), located on the property described in Exhibit A (hereafter referred to as the "**Land**"):

(a) All fixtures, furniture, equipment and other goods and tangible personal property of every kind and description whatsoever now or hereafter located on, in or at the Land, including, but not limited to, all lighting, laundry, incinerating and power equipment; all engines, boilers, machines, radiators, motors, furnaces, compressors and transformers; all power generating equipment; all pumps, tanks, ducts, conduits, wire, switches, electrical equipment, and fixtures, fans and switchboards; all telephone equipment; all piping, tubing and plumbing equipment and fixtures; all heating, refrigeration, air-conditioning, cooling, ventilating, sprinkling, water, power, waste disposal and communications equipment, systems and apparatus; all water coolers and water heaters; all fire prevention, alarm and extinguishing systems and apparatus; all cleaning equipment; all lift, elevator and escalator equipment and apparatus; all partitions, shades, blinds, awnings, screens, screen doors, storm doors, exterior and interior signs, gas fixtures, stoves, ovens, refrigerators, garbage disposals, dishwashers, kitchen and laundry fixtures, utensils, appliances and equipment, cabinets, mirrors, mantles, floor coverings, carpets, rugs, draperies and other furnishings and furniture now or hereafter installed or used or usable in the operation of any part of the buildings, structures or improvements erected or to be erected in or upon the Land and every replacement thereof, accession thereto, or substitution therefor, whether or not all of the above are now or hereafter acquired or attached to the Land in any manner;

(b) All articles of tangible personal property not otherwise described herein which are now or hereafter located in, attached to or used in, on or about the buildings, structures or improvements now or hereafter located, placed, erected, constructed or built on the Land and all replacements thereof, accessions thereto, or substitution therefor, whether or not the same are, or will be, attached to such buildings, structures or improvements in any manner;

(c) All awards now or hereafter made ("**Awards**") with respect to the Land as a result of (i) the exercise of the power of condemnation or eminent domain, or the police power, (ii) the

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alteration of the grade of any street, or (iii) any other injury or decrease in the value of the Land (including but not limited to any destruction or decrease in the value by fire or other casualty), whether or not any of the property described in this item (d) constitutes accounts, chattel paper, documents, general intangibles, instruments, investment property, deposit accounts, or money;

(d) All land surveys, plans and specifications, drawings, briefs and other work product and other papers and records now or hereafter used in the construction, reconstruction, alteration, repair or operation of the Land;

(e) All certificates and agreements for the provision of property or services to or in connection with, or otherwise benefiting, the Land and/or the Healthcare Facility;

(f) All licenses, permits, and/or approvals issued by any governmental authority with respect to the use or operation of the Healthcare Facility for the Approved Use as that term is defined in the Operator's Regulatory Agreement, to the greatest extent permitted by and not in violation of applicable law now enacted or hereafter amended, and any and all Medicaid/Medicare/TRICARE/CHAMPUS or other governmental insurance provider agreements. Provided that this Agreement shall be construed as granting to Lender a security interest, assigning receivables, giving dominion and control or designating an attorney-in-fact with respect to the Government Receivables Accounts, Government Payments and other Healthcare Assets to the greatest extent permitted by and not in violation of (i) applicable law, now enacted and/or hereafter amended, and (ii) the Provider Agreements. For purposes herein, "**Government Receivables Accounts**" shall mean separate deposit account(s) into which only Government Payments are deposited, and "**Government Payments**" shall mean a payment from a governmental entity and shall include, without limitation, payments governed under the Social Security Act (42 U.S.C. §§ 1395 et seq.), including payments under Medicare, Medicaid and TRICARE/CHAMPUS, and payments administered or regulated by the Centers for Medicare and Medicaid Services of U.S. Department of Health and Human Services;

(g) All funds, monies, securities and other property held in escrow, lock boxes, depository or blocked accounts or as reserves and all rights to receive (or to have distributed to Operator) any funds, monies, securities or property held in escrow, lock boxes, depository or blocked accounts or as reserves including but not limited to all of Operator's rights (if any) to any funds or amounts in that certain reserve funds and/or residual receipts accounts created under any regulatory agreement required by the Secretary of Housing and Urban Development or the Federal Housing Administration Commissioner;

(h) All accounts, accounts receivable, general intangibles, chattel paper, instruments, rights to payment evidenced by instruments, documents, inventory, goods, cash, cash proceeds, bank accounts, deposit accounts, certificates of deposits, securities, insurance policies, letters of credit, letter of credit rights, deposits, judgments, liens, causes of action, warranties, guaranties and all other properties and assets of Operator, tangible or intangible, whether or not similar to the property described in this item (h). As used herein, the term "**accounts receivable**" shall include (i) all healthcare insurance receivables, including, but not limited to Medicaid and Medicare receivables, Veterans Administration or other governmental receivables, private patient

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receivables, and HMO receivables; (ii) any payments due or to be made to Operator relating to the Land or (iii) all other rights of Operator to receive payment of any kind with respect to the Land;

(i) All books, records and files of whatever type or nature relating to any or all of the property or interests in property described herein or the proceeds thereof, whether or not written, stored electronically or electromagnetically or in any other form, and whether or not such books, records, or files constitute accounts, equipment or general intangibles;

(j) Any and all security or other deposits which have not been forfeited by any tenant under any lease; and

(k) All products and proceeds of any and all of the property (and interests in property) described herein including but not limited to proceeds of any insurance, whether or not in the form of original collateral, accounts, contract rights, chattel paper, general intangibles, equipment, fixtures, goods, securities, leases, instruments, inventory, documents, deposit accounts or cash.

[END OF EXHIBIT B]